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CONFIRMATION NO. 4350

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/787,307	02/26/2004 RULE	623	3774	1000-201

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/450,396 02/26/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
04/10/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN	7	37	7
Verified and JONATHAN R. STROUD/ Examiner's Signature		Initials				

ADDRESS

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TITLE

Prosthesis adapted for placement under external imaging

FILING FEE RECEIVED 1550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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